

EMPLOYEES' RETIREMENT SYSTEM
STATE OF HAWAII
City Financial Tower
201 Merchant Street, Suite 1400
Honolulu HI 96813

FEDERAL INCOME TAX WITHHOLDING CHANGES

Name _____ Social Security No. _____

Mailing Address: _____

☐ Please check this box if this is a new mailing address

Telephone Number: _____

Please check only one option: (Under current law, you cannot designate a fixed dollar amount.)

1) _____ I request voluntary federal income tax withholding from my pension or annuity payments based on: (complete a **and** b)

a) Enter number of allowances: _____

b) Marital Status (check one): _____ (single) **OR** _____ (married)

2) _____ I do **not** want to have federal income taxes withheld from my pension or annuity payments.

(If you are a U.S. citizen and your pension is being mailed outside the United States, you **cannot** choose option 2. Please select option 1 and complete a and b.)

Signature _____ Date _____

**** Please allow 6 to 8 weeks for the changes to be reflected in your paycheck ****

THIS SUPERSEDES ALL PRIOR REQUESTS.

For ERS use only:

Current withholding: \$: _____ No. of allowances: _____ Marital Status: _____

Pay cycle code: ____ New Amount \$: _____ Effective date: _____ (PPE) Staff Initial: _____